

PatientsLikeMe Survey Outline

Could MS be affected by reproductive milestones like age of first period, history of pregnancies, or menopause? (v3)

Could MS be affected by reproductive milestones like age of first period, history of pregnancies, or menopause? PatientsLikeMe's partners at the Partners Multiple Sclerosis Center, located at the Brigham and Women's Hospital, Harvard Medical School, are interested in finding out!

Based on published research, there is no clear information that tells us whether MS symptoms get better, worse, or remain the same around key reproductive milestones. The results of this survey will help our Partners colleagues to determine whether or not reproductive milestones affect the course of MS, and may help you to better understand your MS and its symptoms.

The survey should take between five and fifteen minutes to complete, depending on your experiences. It should take place in one setting. All of your responses will be provided to the Partners researchers without any identifying information to ensure that you remain anonymous. The information you provide will not be displayed on your PatientsLikeMe profile. If you have any questions about this survey, please email me at pwicks@patientslikeme.com.

Sincerely,

Paul Wicks, PhD., R&D Director, PatientsLikeMe

As with all PatientsLikeMe research efforts, please note:

- * No risks are anticipated from taking part in this study, though you may find answering some of the questions distressing.
- * You can opt-out of the survey at any time without having your answers recorded.
- * If you decide not to participate in the survey or if you decide not to complete the survey after you start it, you will still remain a member in good standing of the PatientsLikeMe community.

Section 1. **Menses_1**

1. **Have you ever had a menstrual period?**

Key: MENSESYES
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)
- I'm not sure (Value: 99)

Section 2. **Menses_2**

Show if: (#MENSESYES IS '1')

1. **Are you currently having regular menstrual periods (every 28-35 days)?**

Key: MENSREG
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)
- I'm not sure (Value: 99)

Section 3. **Menses_3**

Show if: (#MENSREG IS '1')

1. **Approximately how many days long is your menstrual cycle?**

Key: MENSINTERV

Format: Number

Please enter the number of days from the first day of one period to the first day of the next period.

2. **Approximately how many days does your average menstrual period last?**

Key: MENS DUR

Format: Number

Please enter the number of days you are generally spotting and/or bleeding each menstrual cycle.

Section 4. **Menses_4**

Show if: (#MENSESYES IS '1')

1. **At what age did you have your first menstrual period?**

Key: AGEMENARCHE

Format: Number

Please enter the age in years at which you had your first menstrual period.

2. **Did your first period come naturally?**

Key: NATPED

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)
- I'm not sure (Value: 99)

3. **After the first two years after your first menstrual period, and until age 40 (or current age if under 40), did you usually menstruate regularly (every 28-35 days) during times when you were not pregnant or breastfeeding?**

Key: REGPED

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)
- I'm not sure (Value: 99)

Section 5. **Menses_5**

Show if: (#REGPED IS '0')

1. **What caused your irregular periods?**

Key: IRRPED

Format: Check all that apply

Please check all that apply.

- sports (Value: 1)
- disease or illness (Value: 2)
- medication (Value: 3)
- weight loss (Value: 4)
- radiation or chemotherapy (Value: 5)
- disordered eating (Value: 6)
- other (Value: 99)

Section 6. **Menses_6**

Show if: (#IRRPED IS '99')

1. **You indicated that something else causes/caused your irregular menstrual periods. Please tell us what caused them.**

Key: OTHERIRRPED
Format: Free-form text

Section 7. **Menopause_1**

Show if: (#MENSESYES IS '1')

1. **Have your menstrual periods stopped permanently?**

Key: MENSSTOP
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)
- I'm not sure (Value: 99)

Section 8. **Menses_7**

We are interested in learning about how women's MS symptoms change at during their menstrual cycle. From the literature, there is no clear information on whether symptoms get better, worse, or are unchanged.

Please select the best response for each item below.

Show if: (#MENSSTOP IS '0') OR (#MENSSTOP IS '99')

1. **My fatigue is most pronounced**

Key: MENSFATIGUEMOST
Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

2. **My fatigue is least bothersome**

Key: MENSFATIGUELEAST
Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

3. **My brain fog is most pronounced**

Key: MENSBRAINFOGMOST
Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

4. **My brain fog is least bothersome**

Key: MENSBRAINFOGLEAST
Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)

- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

5. My headaches are most pronounced

Key: MENSHEADACHEMOST

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

6. My headaches are least bothersome

Key: MENSHEADACHESLEAST

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

7. My hunger is most pronounced

Key: MENSHUNGER

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

8. My bloating is most pronounced

Key: MENSBLOATING

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

9. My mood is most affected

Key: MENSMOODAFFECTED

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

10. My mood is best

Key: MENSMOODBEST

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

11. **My quality of life is worst**

Key: MENSQOLWORST

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

12. **My quality of life is best**

Key: MENSQOLBEST

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

13. **My MS tends to relapse**

Key: MENSMSRELAPSE

Format: Multiple-choice

- no pattern (Value: 0)
- a week before my period (Value: 1)
- 3 days before my period (Value: 2)
- during my period (Value: 3)
- 3 days after my period (Value: 4)
- midcycle, when I ovulate (Value: 5)

Section 9. **Contraceptives_1**

1. **Have you ever used hormonal-based contraceptives (birth control) such as estrogen, oral contraceptive pills/patch/ring, intrauterine devices, or other hormones?**

Key: OCPEVER

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 10. **Contraceptives_2**

For each hormonal contraceptive you have used, please provide the following information, beginning with your **CURRENT** or **MOST RECENT** contraceptive use.

Show if: (#OCPEVER IS '1')

1. **Which type of hormonal contraceptives (birth control) did you use?**

Key: OCP1ADMIN

Format: Multiple-choice

- Pill (Value: 1)
- Patch (Value: 2)
- Ring (Value: 3)
- Intrauterine device (IUD) (Value: 4)
- I'm not sure (Value: 5)
- Other (Value: 99)

2. **Please provide the date that you began taking this contraceptive.**

Key: OCP1START

Format: Date

Your best guess is fine

3. **Please provide the date that you stopped taking this contraceptive. If you are currently still taking this contraceptive, please click "set to today".**

Key: OCP1STOP

Format: Date

Your best guess is fine

4. **Did you take another hormonal contraceptive before this one?**

Key: GOOCP2

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 11. **Contraceptives_3**

Show if: (#GOOCP2 IS '1')

1. **Which type of hormonal contraceptives (birth control) did you use?**

Key: OCP2ADMIN

Format: Multiple-choice

- Pill (Value: 1)
- Patch (Value: 2)
- Ring (Value: 3)
- Intrauterine device (IUD) (Value: 4)
- I'm not sure (Value: 5)
- Other (Value: 99)

2. **Please provide the date that you began taking this contraceptive.**

Key: OCP2START

Format: Date

Your best guess is fine

3. **Please provide the date that you stopped taking this contraceptive. If you are currently still taking this contraceptive, please click "set to today".**

Key: OCP2STOP

Format: Date

Your best guess is fine

4. **Did you take another hormonal contraceptive before this one?**

Key: GOOCP3

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 12. **Contraceptives_4**

Show if: (#GOOCP3 IS '1')

1. **Which type of hormonal contraceptives (birth control) did you use?**

Key: OCP3ADMIN
Format: Multiple-choice

- Pill (Value: 1)
- Patch (Value: 2)
- Ring (Value: 3)
- Intrauterine device (IUD) (Value: 4)
- I'm not sure (Value: 5)
- Other (Value: 99)

2. **Please provide the date that you began taking this contraceptive.**

Key: OCP3START
Format: Date

Your best guess is fine

3. **Please provide the date that you stopped taking this contraceptive. If you are currently still taking this contraceptive, please click "set to today".**

Key: OCP3STOP
Format: Date

Your best guess is fine

4. **Did you take another hormonal contraceptive before this one?**

Key: GOOCP4
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 13. **Contraceptive_5**

Show if: (#GOOCP4 IS '1')

1. **Which type of hormonal contraceptives (birth control) did you use?**

Key: OCP4ADMIN
Format: Multiple-choice

- Pill (Value: 1)
- Patch (Value: 2)
- Ring (Value: 3)
- Intrauterine device (IUD) (Value: 4)
- I'm not sure (Value: 5)
- Other (Value: 99)

2. **Please provide the date that you began taking this contraceptive.**

Key: OCP4START
Format: Date

Your best guess is fine

3. **Please provide the date that you stopped taking this contraceptive. If you are currently still taking this contraceptive, please click "set to today".**

Key: OCP4STOP

Format: Date

Your best guess is fine

4. Did you take another hormonal contraceptive before this one?

Key: GOOCP5

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 14. **Contraceptive_6**

Show if: (#GOOCP5 IS '1')

1. Which type of hormonal contraceptives (birth control) did you use?

Key: OCP5ADMIN

Format: Multiple-choice

- Pill (Value: 1)
- Patch (Value: 2)
- Ring (Value: 3)
- Intrauterine device (IUD) (Value: 4)
- I'm not sure (Value: 5)
- Other (Value: 99)

2. Please provide the date that you began taking this contraceptive.

Key: OCP5START

Format: Date

Your best guess is fine

3. Please provide the date that you stopped taking this contraceptive. If you are currently still taking this contraceptive, please click "set to today".

Key: OCP5STOP

Format: Date

Your best guess is fine

Section 15. **Pregnancy_1**

Show if: (#MENSESYES IS '1')

1. Have you ever been pregnant (including current pregnancy, and past pregnancies, even if they resulted in early pregnancy loss, whether by choice or not)?

Key: PREGEVER

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)
- I'm not sure (Value: 99)

2. Are you currently pregnant?

Key: PREGNOW

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)
- I'm not sure (Value: 99)

3. Have you been pregnant or breastfeeding in the past 8 weeks?

Key: PREG8WK
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)
- I'm not sure (Value: 99)

Section 16. **Pregnancy_2**

Which of the following (if any) is a reason why you have never been pregnant? (Please select "yes" or "no" for each item below)

Show if: (#PREGEVER IS '0')

1. **Infertility**

Key: PREGNEVERINFERT
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

2. **I did not/do not want to have children**

Key: PREGNEVERDONTWANT
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

3. **I worried my MS would get worse if I became pregnant**

Key: PREGNEVERMSWORSE
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

4. **I worried my MS medications would be contraindicated or harm the fetus**

Key: PREGNEVERMEDHARM
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

5. **I worried about having a baby as a parent with potential disability**

Key: PREGNEVERDISAB
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

6. **Other**

Key: PREGNEVEROTHERSCREEN
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 17. **Pregnancy_3**

Show if: (#PREGNEVERREASON IS '99')

1. **You indicated there was another reason you have not wanted or been able to become pregnant. Please tell us the reason in the space below.**

Key: OTHERPREGNEVER
Format: Free-form text

Section 18. **Pregnancy_4**

Show if: (#PREGEVER IS '1')

1. **How many full term (lasting 37 weeks or more) pregnancies have you had?**

Key: PREGTOTTERM
Format: Number

- 0 (Value: 0)
- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 (Value: 4)
- 5 or more (Value: 5)

2. **How many preterm (lasting between 20 and 36 weeks) pregnancies have you had?**

Key: PREGTOTPREMIE
Format: Number

- 0 (Value: 0)
- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 (Value: 4)
- 5 or more (Value: 5)

3. **How many interrupted pregnancies (miscarriage under 20 weeks, medical abortions, other) have you had?**

Key: PREGTOTINTERRUPT
Format: Number

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 (Value: 4)
- 5 or more (Value: 5)

Section 19. **Pregnancy_5**

For each pregnancy you have had, please provide the following information, beginning with your **FIRST** pregnancy.

Show if: (#PREGEVER IS '1')

1. **Please provide the date that your first pregnancy began.**

Key: PREG1START
Format: Date

Your best guess is fine

2. **Please indicate which, if any, fertility treatments you used to achieve this pregnancy.**

Key: PREG1FERTRX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"

Key: PREG1STOP

Format: Date

4. What was the outcome of this pregnancy?

Key: PREG1OUTCOME

Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. Did you have another pregnancy after this one?

Key: GOPREG2

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 20. Pregnancy_5a

In the previous set of questions you indicated that your first pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG1OUTCOME IS '2')

1. What was the method of delivery for this pregnancy?

Key: PREG1DELIV

Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?

Key: PREG1SINGLE

Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. Did this child/children live past 1 year of age?

Key: PREG1LIVE1YR

Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. For how many months after this pregnancy did you breastfeed?

Key: PREG1NURSE

Format: Number

If none, enter "0" - please enter numbers only

Section 21. **Pregnancy_6**

You just told us about your first pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your second pregnancy.

Show if: (#GOPREG2 IS '1')

1. **Please provide the date that your second pregnancy began.**

Key: PREG2START

Format: Date

Your best guess is fine

2. **Please indicate which, if any, fertility treatments you used to achieve this pregnancy.**

Key: PREG2FERTRX

Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. **Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"**

Key: PREG2STOP

Format: Date

4. **What was the outcome of this pregnancy?**

Key: PREG2OUTCOME

Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. **Did you have another pregnancy after this one?**

Key: GOTOPREG3

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 22. **Pregnancy_6a**

You indicated that your second pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG2OUTCOME IS '2')

1. **What was the method of delivery for this pregnancy?**

Key: PREG2DELIV

Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?

Key: PREG2SINGLE
Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. Did this child/children live past 1 year of age?

Key: PREG2LIVE1YR
Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. For how many months after this pregnancy did you breastfeed?

Key: PREG2NURSE
Format: Number

If none, enter "0" - please enter numbers only

Section 23. Pregnancy_7

You just told us about your second pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your third pregnancy.

Show if: (#GOTOPREG3 IS '1')

1. Please provide the date that your third pregnancy began.

Key: PREG3START
Format: Date

Your best guess is fine

2. Please indicate which, if any, fertility treatments you used to achieve this pregnancy.

Key: PREG3FERTRX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"

Key: PREG3STOP
Format: Date

4. What was the outcome of this pregnancy?

Key: PREG3OUTCOME
Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)

- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. Did you have another pregnancy after this one?

Key: GOTOPREG4
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 24. Pregnancy_7a

You indicated that your third pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG3OUTCOME IS '2')

1. What was the method of delivery for this pregnancy?

Key: PREG3DELIV
Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?

Key: PREG3SINGLE
Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. Did this child/children live past 1 year of age?

Key: PREG3LIVE1YR
Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. For how many months after this pregnancy did you breastfeed?

Key: PREG3NURSE
Format: Number

If none, enter "0" - please enter numbers only

Section 25. Pregnancy_8

You just told us about your third pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your fourth pregnancy.

Show if: (#GOTOPREG4 IS '1')

1. Please provide the date that your fourth pregnancy began.

Key: PREG4START
Format: Date

Your best guess is fine

2. Please indicate which, if any, fertility treatments you used to achieve this pregnancy.

Key: PREG4FERTRX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"

Key: PREG4STOP
Format: Date

4. What was the outcome of this pregnancy?

Key: PREG4OUTCOME
Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. Did you have another pregnancy after this one?

Key: GOTOPREG5
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 26. Pregnancy_8a

You indicated that your fourth pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG4OUTCOME IS '2')

1. What was the method of delivery for this pregnancy?

Key: PREG4DELIV
Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?

Key: PREG4SINGLE
Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. Did this child/children live past 1 year of age?

Key: PREG4LIVE1YR
Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. For how many months after this pregnancy did you breastfeed?

Key: PREG4NURSE
Format: Number

If none, enter "0" - please enter numbers only

Section 27. Pregnancy_9

You just told us about your fourth pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your fifth pregnancy.

Show if: (#GOTOPREG5 IS '1')

1. Please provide the date that your fifth pregnancy began.

Key: PREG5START
Format: Date

Your best guess is fine

2. Please indicate which, if any, fertility treatments you used to achieve this pregnancy.

Key: PREG5FERTRX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"

Key: PREG5STOP
Format: Date

4. What was the outcome of this pregnancy?

Key: PREG5OUTCOME
Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. Did you have another pregnancy after this one?

Key: GOTOPREG6
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 28. Pregnancy_9a

You indicated that your fifth pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG5OUTCOME IS '2')

1. **What was the method of delivery for this pregnancy?**

Key: PREG5DELIV
Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. **How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?**

Key: PREG5SINGLE
Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. **Did this child/children live past 1 year of age?**

Key: PREG5LIVE1YR
Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. **For how many months after this pregnancy did you breastfeed?**

Key: PREG5NURSE
Format: Number

If none, enter "0" - please enter numbers only

Section 29. **Pregnancy_10**

You just told us about your fifth pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your sixth pregnancy.

Show if: (#GOTOPREG6 IS '1')

1. **Please provide the date that your sixth pregnancy began.**

Key: PREG6START
Format: Date

Your best guess is fine

2. **Please indicate which, if any, fertility treatments you used to achieve this pregnancy.**

Key: PREG6FRITX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. **Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"**

Key: PREG6STOP

Format: Date

4. What was the outcome of this pregnancy?

Key: PREG6OUTCOME

Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. Did you have another pregnancy after this one?

Key: GOTOPREG7

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 30. Pregnancy_10a

You indicated that your sixth pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG6OUTCOME IS '2')

1. What was the method of delivery for this pregnancy?

Key: PREG6DELIV

Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?

Key: PREG6SINGLE

Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. Did this child/children live past 1 year of age?

Key: PREG6LIVE1YR

Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. For how many months after this pregnancy did you breastfeed?

Key: PREG6NURSE

Format: Number

If none, enter "0" - please enter numbers only

Section 31. Pregnancy_11

You just told us about your sixth pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your seventh pregnancy.

Show if: (#GOTOPREG7 IS '1')

1. Please provide the date that your seventh pregnancy began.

Key: PREG7START
Format: Date

Your best guess is fine

2. Please indicate which, if any, fertility treatments you used to achieve this pregnancy.

Key: PREG7FRTTX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"

Key: PREG7STOP
Format: Date

4. What was the outcome of this pregnancy?

Key: PREG7OUTCOME
Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. Did you have another pregnancy after this one?

Key: GOTOPREG8
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 32. Pregnancy_11a

You indicated that your seventh pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG7OUTCOME IS '2')

1. What was the method of delivery for this pregnancy?

Key: PREG7DELIV
Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?

Key: PREG7SINGLE
Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. Did this child/children live past 1 year of age?

Key: PREG7LIVE1YR
Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. For how many months after this pregnancy did you breastfeed?

Key: PREG7NURSE
Format: Number

If none, enter "0" - please enter numbers only

Section 33. Pregnancy_12

You just told us about your seventh pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your eighth pregnancy.

Show if: (#GOTOPREG8 IS '1')

1. Please provide the date that your eighth pregnancy began.

Key: PREG8START
Format: Date

Your best guess is fine

2. Please indicate which, if any, fertility treatments you used to achieve this pregnancy.

Key: PREG8FRITX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"

Key: PREG8STOP
Format: Date

4. What was the outcome of this pregnancy?

Key: PREG8OUTCOME
Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. Did you have another pregnancy after this one?

Key: GOTOPREG9
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 34. Pregnancy_12a

You indicated that your eighth pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG8OUTCOME IS '2')

1. What was the method of delivery for this pregnancy?

Key: PREG8DELIV
Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?

Key: PREG8SINGLE
Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. Did this child/children live past 1 year of age?

Key: PREG8LIVE1YR
Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. For how many months after this pregnancy did you breastfeed?

Key: PREG8NURSE
Format: Number

If none, enter "0" - please enter numbers only

Section 35. Pregnancy_13

You just told us about your eighth pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your ninth pregnancy.

Show if: (#GOTOPREG9 IS '1')

1. Please provide the date that your ninth pregnancy began.

Key: PREG9START
Format: Date

Your best guess is fine

2. Please indicate which, if any, fertility treatments you used to achieve this pregnancy.

Key: PREG9FRTTX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"

Key: PREG9STOP
Format: Date

4. What was the outcome of this pregnancy?

Key: PREG9OUTCOME
Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

5. Did you have another pregnancy after this one?

Key: GOTOPREG10
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 36. Pregnancy_13a

You indicated that your ninth pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG9OUTCOME IS '2')

1. What was the method of delivery for this pregnancy?

Key: PREG9DELIV
Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)
- I'm not sure (Value: 99)

2. How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?

Key: PREG9SINGLE
Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. Did this child/children live past 1 year of age?

Key: PREG9LIVE1YR
Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)

- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. For how many months after this pregnancy did you breastfeed?

Key: PREG9NURSE
Format: Number

If none, enter "0" - please enter numbers only

Section 37. Pregnancy_14

You just told us about your ninth pregnancy. You said you'd had another pregnancy after that one - now we'd like to ask you some questions about your tenth pregnancy.

Show if: (#GOTOPREG10 IS '1')

1. Please provide the date that your tenth pregnancy began.

Key: PREG10START
Format: Date

Your best guess is fine

2. Please indicate which, if any, fertility treatments you used to achieve this pregnancy.

Key: PREG10FRITX
Format: Multiple-choice

- None (Value: 0)
- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

3. Please provide the date that your pregnancy ended. If you are still pregnant today click "Set to today"

Key: PREG10STOP
Format: Date

4. What was the outcome of this pregnancy?

Key: PREG10OUTCOME
Format: Multiple-choice

- I am still pregnant (Value: 1)
- Live birth (Value: 2)
- Stillbirth (Value: 3)
- pregnancy interruption (such as a miscarriage, abortion, etc) (Value: 4)
- I prefer not to answer (Value: 77)

Section 38. Pregnancy_14a

You indicated that your tenth pregnancy resulted in a live birth. Please answer the following questions about your pregnancy.

Show if: (#PREG10OUTCOME IS '2')

1. What was the method of delivery for this pregnancy?

Key: PREG10DELIV
Format: Multiple-choice

- unassisted vaginal delivery (Value: 1)
- assisted vaginal delivery (such as with forceps or vacuum) (Value: 2)
- caesarian section (Value: 3)

- I'm not sure (Value: 99)

2. **How many children did this pregnancy result in (did you have a single child, twins, triplets, etc.)?**

Key: PREG10SINGLE

Format: Multiple-choice

- 1 (Value: 1)
- 2 (Value: 2)
- 3 (Value: 3)
- 4 or more (Value: 4)

3. **Did this child/children live past 1 year of age?**

Key: PREG10LIVE1YR

Format: Multiple-choice

- This child/children is still less than 1 year old (Value: 1)
- Yes (Value: 2)
- No (Value: 0)
- I'm not sure (Value: 77)
- I prefer not to answer (Value: 99)

4. **For how many months after this pregnancy did you breastfeed?**

Key: PREG10NURSE

Format: Number

If none, enter "0" - please enter numbers only

Section 39. **Fertility_1**

1. **Have you ever used fertility treatments?**

Key: FERTRXEVER

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 40. **Fertility_2**

For each fertility treatment you have used, please provide the following information, beginning with your **CURRENT** or **MOST RECENT** fertility treatment use.

Show if: (#FERTRXEVER IS '1')

1. **Which type of fertility treatment did you use?**

Key: FERTRX1TYPE

Format: Multiple-choice

- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

2. **Please provide the date that you began this fertility treatment.**

Key: FERTRX1START

Format: Date

Your best guess is fine

3. **Please provide the date that you stopped this fertility treatment. If you are currently still on or in the process of this fertility treatment, please click "Set to today".**

Key: FERTRX1STOP

Format: Date

Your best guess is fine

4. Did you use another fertility treatment before this one?

Key: GOFERT2

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 41. Fertility_3

In the previous section you indicated that you tried another fertility treatment.

Show if: (#GOFERT2 IS '1')

1. Which type of fertility treatment did you use?

Key: FERTRX2TYPE

Format: Multiple-choice

- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

2. Please provide the date that you began this fertility treatment.

Key: FERTRX2START

Format: Date

Your best guess is fine

3. Please provide the date that you stopped this fertility treatment. If you are currently still on or in the process of this fertility treatment, please click "Set to today".

Key: FERTRX2STOP

Format: Date

Your best guess is fine

4. Did you use another fertility treatment before this one?

Key: GOFERT3

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 42. Fertility_4

In the previous section you indicated that you tried another fertility treatment.

Show if: (#GOFERT3 IS '1')

1. Which type of fertility treatment did you use?

Key: FERTRX3TYPE

Format: Multiple-choice

- Clomid (Value: 1)
- Intrauterine insemination (IUI) (Value: 2)
- In-vitro fertilization (IVF) (Value: 3)
- Other (Value: 4)

2. Please provide the date that you began this fertility treatment.

Key: FERTRX3START

Format: Date

Your best guess is fine

3. **Please provide the date that you stopped this fertility treatment. If you are currently still on or in the process of this fertility treatment, please click "Set to today".**

Key: FERTRX3STOP

Format: Date

Section 43. **Menopause_2**

Show if: (#MENSSTOP IS '1')

1. **You indicated earlier that your menstrual periods have stopped permanently. When did your periods first start changing?**

Key: MENOPAUSEOPEN

Format: Date

Your best guess is fine

2. **When was the last menstrual period that you ever had?**

Key: MENOPAUSESTOP

Format: Date

Your best guess is fine

Section 44. **Menopause_3**

Which of the following (if any) apply to you? (Please select "yes" or "no" for each item below)

Show if: (#MENSSTOP IS '1')

1. **My menstrual periods stopped naturally**

Key: MENSSTOPNAT

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

2. **My ovaries have been surgically removed**

Key: OVARECT

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

3. **My uterus has been surgically removed**

Key: HYSTERECT

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

4. **I underwent chemotherapy**

Key: CHEMO

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

5. **I underwent radiation treatment**

Key: XRT
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

6. I have used (currently or in the past) cytoxan or novantrone to treat my MS

Key: CHEMODMT
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

7. I'm not sure why my menstrual periods stopped

Key: MENSSTOPNOTSURE
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 45. **Menopause_3a**

Show if: (#OVARECT IS '1')

1. Please tell us the date your ovaries were removed.

Key: OVARECTDATE
Format: Date

Your best guess is fine

Section 46. **Menopause_3b**

Show if: (#HYSTERECT IS '1')

1. Please tell us the date your uterus was removed.

Key: HYSTERECTDATE
Format: Date

Your best guess is fine

Section 47. **Menopause_3c**

Show if: (#CHEMO IS '1')

1. Please tell us the date you first started chemotherapy

Key: CHEMODATE
Format: Date

Your best guess is fine

Section 48. **Menopause_3d**

Show if: (#XRT IS '1')

1. Please tell us the date you first started radiation therapy

Key: XRTDATE
Format: Date

Your best guess is fine

Section 49. **Menopause_3e**

Show if: (#CHEMODMT IS '1')

1. **Please tell us the date you first started using cytoxan or novantrone.**

Key: CHEMODMTDATE

Format: Date

Your best guess is fine

Section 50. **Menopause_4**

Show if: (#MENSSTOP IS '1')

1. **Have you experienced symptoms of menopause?**

Key: MPAUSESX

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

2. **Have you experienced hot flashes?**

Key: MPAUSESXHOTFLSH

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

3. **Have you experienced mood changes?**

Key: MPAUSESXMDCHNG

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 51. **Menopause_5**

Show if: (#MPAUSESX IS '1')

1. **What other symptoms of menopause have you experienced?**

Key: MPAUSEOTHER

Format: Free-form text

Section 52. **Menopause_6**

Show if: (#MENSSTOP IS '1')

1. **DURING menopause (i.e the time from start of abnormal cycles and menopause symptoms, to one full year after your periods ended), did you notice any changes in your MS symptoms?**

Key: MENOPAUSECHNGSX

Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 53. **Menopause_7**

Show if: (#MENOPAUSECHNGSX IS '1')

1. **Please describe any changes you noticed in your MS symptoms DURING menopause (i.e the time from start of abnormal cycles and menopause symptoms, to one full year after your periods ended)**

Key: MENOPAUSECHANGEOTHER

Format: Free-form text

Section 54. **Menopause_8**

We are interested in learning about how women's MS symptoms change at menopause. From the literature, there is no clear information on whether symptoms get better, worse, or are unchanged.

AFTER menopause (i.e., starting one year after your final menstrual period), relative to when you were still menstruating, did you notice that...

Show if: (#MENSSTOP IS '1')

1. my number of relapses

Key: *none*

Format: Multiple-choice

- was unchanged (Value: 0)
- increased (Value: 1)
- decreased (Value: 2)
- N/A - not applicable (e.g. I don't have relapsing MS) (Value: 99)

2. my level of disability

Key: *none*

Format: Multiple-choice

- progressed more rapidly (Value: 2)
- progressed more slowly (Value: 1)
- did not change (Value: 0)

Section 55. **Menopause_9**

AFTER menopause (i.e., starting one year after your final menstrual period), relative to when you were still menstruating, what changes, if any, did you notice in the following?

Show if: (#MENSSTOP IS '1')

1. my quality of life

Key: MPAUSEQOL

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

2. my fatigue

Key: MPAUSEFATIGUE

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

3. my concentration

Key: MPAUSECONCENTR

Format: Multiple-choice

- Marked improvement (Value: 1)

- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

4. **my memory**

Key: MPAUSEMEMORY

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

5. **my social life**

Key: MPAUSESOCIAL

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

6. **my depression**

Key: MPAUSEDEPRESSION

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

7. **my level of happiness**

Key: MPAUSEHAPPINESS

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

8. **my anxiety**

Key: MPAUSEANXIETY

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)

- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

9. my overall sexual function (dryness, orgasm, interest, etc)

Key: MPAUSESEXUAL

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

10. my brain fog

Key: MPAUSEBRAINFOG

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

11. my headaches

Key: MPAUSEHEADACHES

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

12. my overall bladder symptoms (retention, leakage, discomfort)

Key: MPAUSEBLADDER

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)
- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

13. my overall physical well being

Key: MPAUSEOVERALL

Format: Multiple-choice

- Marked improvement (Value: 1)
- Moderate improvement (Value: 2)
- Slight improvement (Value: 3)
- No change (Value: 4)
- Slight worsening (Value: 5)

- Moderate worsening (Value: 6)
- Marked worsening (Value: 7)

Section 56. HRT_1

1. Have you ever taken hormone replacement therapies (HRT)?

Key: HRTEVER
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 57. HRT_2

For each hormone replacement therapy (HRT) you have used, please provide the following information, beginning with your **CURRENT** or **MOST RECENT** HRT use.

Show if: (#HRTEVER IS '1')

1. Which type of hormone replacement therapy (HRT) did you use?

Key: HRT1TYPE
Format: Multiple-choice

- estrogen (Value: 1)
- estrogen + progesterone (Value: 2)
- testosterone (Value: 3)
- raloxifene (Value: 4)
- phytoestrogens (soy estrogens) (Value: 5)
- black cohosh (Value: 6)
- other (Value: 77)
- I'm not sure (Value: 99)

2. What was the brand name of the HRT?

Key: HRT1NAME
Format: Free-form text

3. Please provide the date that you began taking this HRT.

Key: HRT1START
Format: Date

Your best guess is fine

4. Please provide the date you stopped taking this HRT. If you are currently still taking this HRT, please click "Set to today".

Key: HRT1STOP
Format: Date

Your best guess is fine

5. Did you take another form of HRT prior to this one?

Key: GOHRT2
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 58. HRT_3

In the previous section you told us you took another form of HRT previously. Please tell us more about that in the following questions.

Show if: (#GOHRT2 IS '1')

1. **Which type of hormone replacement therapy (HRT) did you use?**

Key: HRT2TYPE
Format: Multiple-choice

- estrogen (Value: 1)
- estrogen + progesterone (Value: 2)
- testosterone (Value: 3)
- raloxifene (Value: 4)
- phytoestrogens (soy estrogens) (Value: 5)
- black cohosh (Value: 6)
- other (Value: 77)
- I'm not sure (Value: 99)

2. **What was the brand name of the HRT?**

Key: HRT2NAME
Format: Free-form text

3. **Please provide the date that you began taking this HRT.**

Key: HRT2START
Format: Date

Your best guess is fine

4. **Please provide the date you stopped taking this HRT. If you are currently still taking this HRT, please click "Set to today".**

Key: HRT2STOP
Format: Date

Your best guess is fine

5. **Did you take another form of HRT prior to this one?**

Key: GOHRT3
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

Section 59. **HRT_4**

Show if: (#GOHRT3 IS '1')

1. **Which type of hormone replacement therapy (HRT) did you use?**

Key: HRT3TYPE
Format: Multiple-choice

- estrogen (Value: 1)
- estrogen + progesterone (Value: 2)
- testosterone (Value: 3)
- raloxifene (Value: 4)
- phytoestrogens (soy estrogens) (Value: 5)
- black cohosh (Value: 6)
- other (Value: 77)
- I'm not sure (Value: 99)

2. **What was the brand name of the HRT?**

Key: HRT3NAME
Format: Free-form text

3. **Please provide the date that you began taking this HRT.**

Key: HRT3START
Format: Date

Your best guess is fine

4. **Please provide the date you stopped taking this HRT. If you are currently still taking this HRT, please click "Set to today".**

Key: HRT3STOP
Format: Date

Your best guess is fine

Section 60. HRT_5

Show if: (#HRTEVER IS '1')

1. **What effect, if any, do you believe HRT had on your MS symptoms?**

Key: none
Format: Free-form text

Section 61. FINAL

1. **Would you agree to be recontacted in the future about this questionnaire?**

Key: none
Format: Multiple-choice

- Yes (Value: 1)
- No (Value: 0)

2. **We are interested in any comments or questions that you have about the experiences covered in the above questionnaire. Please use the space below for any comments about the survey, your experiences, or information that may help us understand your responses better. If you have no comments at this time, please leave this field blank and hit "Submit Survey" to complete the study. Thanks again for your time!**

Key: none
Format: Free-form text

Generated Aug 10, 2012 12:22PM

© 2005-2012 PatientsLikeMe. All Rights Reserved. Information on PatientsLikeMe.com does not constitute medical advice.

Information found on PatientsLikeMe is based on reports from PatientsLikeMe members.